

FOOD RELATED ALERT/COMPLAINT RECORD		Complaint Number
Form A		
Complaint Received From:	Address: street, city state, zip	Phone: () Area Code
Person to Contact for More Information	Address: street, city, state, aip	Phone Home () Work ()
Complaint Details:		

Illness <input type="checkbox"/> Yes ^{1,2} <input type="checkbox"/> No ³	Number Ill <input type="checkbox"/> Same household	Time Illness Began Date: Hour: <input type="checkbox"/> am <input type="checkbox"/> pm	Predominant Symptoms
Suspect Foods⁴	Source	Brand Identification	Lot Number
Suspect Meal	Place		Address: (street) (City, State, & Zip)
Persons Attending Suspect Meal		Address: City, State, & Zip	Phone:
*List additional persons on next page			
Received By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm		Investigation Initiated By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Complaint Closed By: Date: Time: <input type="checkbox"/> am <input type="checkbox"/> pm

Nature of Complaint:

☐ Illness

☐ Contaminated, Adulterated
Spoiled Food

☐ Unsanitary Establishment
☐ Other (Specify)

4 Ask person to refrigerate all food eaten during the 72 hours before onset of illness; save or retrieve original containers or packages; sample should be properly identified; hold until health official makes further arrangements.

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Additional people attending implicated meal:

Notifications to State or other Local Health Department agencies:

☐ MI Department of Agriculture Date notified: Person notified: _____

☐ MI Department of Community Health Date notified: Person notified: _____

☐ Other LHD notification Name(s) of LHDs notified: _____ Date notified: _____

Actions Taken: